

Puerto Rico

[Title I](#) | [Title II](#) | [ADAP](#) | [Title III](#) | [Title IV](#) | [AETC](#) | [Dental](#)

State CARE Act Program Profile

CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$9,573,579	\$14,165,518	\$15,264,223	\$39,003,320
Title II (including ADAP)	\$9,367,181	\$12,920,475	\$16,793,353	\$39,081,009
ADAP	(\$1,685,094)	(\$5,315,209)	(\$9,264,908)	(\$16,265,211)
Title III	\$3,198,313	\$3,586,615	\$3,581,065	\$10,365,993
Title IV	\$499,000	\$540,000	\$900,000	\$1,939,000
SPNS	\$0	\$0	\$0	\$0
AETC	\$532,616	\$386,116	\$529,601	\$1,448,333
Dental	\$22,823	\$10,493	\$0	\$33,316
Total	\$23,193,512	\$31,609,217	\$37,068,242	\$91,870,971

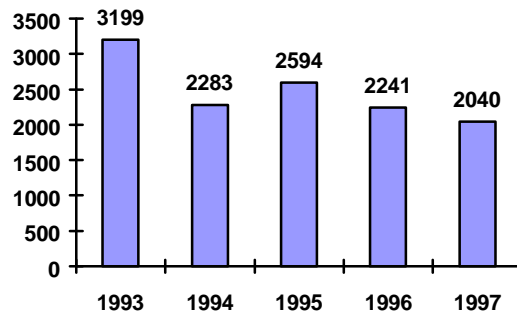
Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	3	3	3
Title III	7	8	7
Title IV	1	1	2
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	1	1	0

HIV/AIDS Epidemic in the State: Puerto Rico

- ▶ Persons reported to be living with AIDS through 1997: 7,397
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV:
No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 12,357 (3% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	74%	78%
Women (13 years and up):	26%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	0%	33%
African American:	0%	45%
Hispanic:	100%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	16%	35%
Injecting drug user (IDU):	44%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	4%
Heterosexual contact:	31%	13%
Other, unknown or not reported:	2%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	66.7	194.5
Gonorrhea (1996)	17.4	124.0
Syphilis (1996)	5.6	4.3
TB (1997)	6.7	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** primary, specialty and dental care; medications; nursing, hospice, mental health, nutritional, substance abuse, rehabilitation, home health, transportation, emergency financial, buddy, and client advocacy services; lab services; case management; respite care; child care, adoption/foster care; housing; HIV testing, health education/risk reduction and outreach programs; and access to pediatricians

Title I: Caguas (Pop. 279,501)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Caguas, Cayey, Cidra, Gurabo, San Lorenzo Counties

AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	71%	74%	78%
Women (13 years and up):	29%	26%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	0%	0%	33%
African American:	0%	0%	45%
Hispanic:	100%	100%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	13%	16%	35%
Injecting drug user (IDU):	44%	44%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	5%	4%
Heterosexual contact:	37%	31%	13%
Other, unknown or not reported:	0%	2%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$651,996	\$711,907	\$761,118	\$2,125,021
Supplemental	\$412,880	\$719,303	\$644,079	\$1,776,262
Total	\$1,064,876	\$1,431,210	\$1,405,197	\$3,901,283

Allocation of Funds

	1998
Health Care Services	\$322,278/23%
Medications	\$435,611/31%
Case Management	\$128,622/9%
Support Services	\$385,264/27%
Administration, Planning and Program Support	\$133,422/9%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 18
- ▶ PLWH on planning council: 5 (28%)

Gender of Planning Council Members

Men:	72%
Women:	28%

Race/Ethnicity of Planning Council Members

White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	4,640
Men:	73%
Women:	27%
<13 years old:	4%
13-19 years old:	0%
20+ years old:	96%
White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Men who have sex with men (MSM):	10%
Injecting drug user (IDU):	44%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	38%
Other, unknown or not reported:	5%

► Improved Patient Access

- Increased funding through Title I expanded the number of clients receiving primary care services in 1997, with the increases ranging between 100 and 350 % compared to 1996, including: clients receiving primary medical care services increased from 230 to 618 (169%); clients receiving substance abuse services increased from 51 to 227 (345%); clients receiving dental services increased from 31 to 107 (245%); clients receiving mental health services increased from 32 to 85 (166%); clients receiving nutrition counseling increased from 38 to 191 (403%); and clients receiving home health services increased from 30 to 67 (123%).
- Between 1996 and 1997 the number of clients receiving case-managed emergency assistance, food, home-delivered meals and buddy services increased between 300% and 500%.
- The Title I program centralized medication assistance in 1997 to increase accessibility. That same year, the following services were expanded or added in response to identified needs: 1) Ryder Hospital Project CIS expanded clinic hours to include Saturday morning hours, and added a satellite clinic site that served approximately 70 additional clients; 2) the grantee contracted for mental health services through a consortia to allow for service provision by more networks; and 3) the EMA expanded the number of staff providing case management services from five to six full-time employees, and served an estimated 100 additional clients.

▶ **Improved Patient Outcomes**

- Client surveys were conducted in 1996 and 1997 to evaluate the extent to which health care and supportive services have improved in terms of accessibility and client satisfaction.

▶ **Cost Savings**

- Following a staff-conducted analysis of costs and utilization patterns related to medications, the Title I program implemented a recommendation to centralize medication purchases.
- The Title I program consolidated transportation services into a daily fixed rate that has reduced the unit cost per trip per client.

▶ **Other Accomplishments**

- Other significant Title I accomplishments in 1997 include the development of: 1) a three-year comprehensive HIV services plan for the EMA; 2) a survey instrument to monitor issues related to treatment adherence; 3) an HIV Services Resource Guide for consumers; and 4) Planning Council by-laws and grievance procedures.
- In addition, the EMA sponsored the first, annual Congreso of EMAs in Puerto Rico, involving grantee staff, Planning Council members, service providers and consumers.

Title I: Ponce (Pop. 342,600)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Guayanilla, Juana Diaz, Penuelas, Ponce, Villalba, Yauco Counties

AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	69%	74%	78%
Women (13 years and up):	31%	26%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	3%	2%	2%
20+ years old:	97%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	0%	0%	33%
African American:	0%	0%	45%
Hispanic:	100%	100%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	15%	16%	35%
Injecting drug user (IDU):	51%	44%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	5%	4%
Heterosexual contact:	30%	31%	13%
Other, unknown or not reported: (Adults only)	0%	2%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,028,044	\$1,192,839	\$1,195,466	\$3,416,349
Supplemental	\$656,992	\$990,624	\$1,004,648	\$2,652,264
Total	\$1,685,036	\$2,183,463	\$2,200,114	\$6,068,613

Allocation of Funds

	1998
Health Care Services	\$681,606/31%
Medications	\$1,042,249/47%
Case Management	\$173,743/8%
Support Services	\$162,807/7%
Administration, Planning and Program Support	\$139,708/6%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 24
- ▶ PLWH on planning council: 7 (29%)

Gender of Planning Council Members

Men:	63%
Women:	38%

Race/Ethnicity of Planning Council Members

White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	1,430
Men:	66%
Women:	34%
<13 years old:	5%
13-19 years old:	1%
20+ years old:	94%
White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Men who have sex with men (MSM):	14%
Injecting drug user (IDU):	38%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Heterosexual contact:	38%
Other, unknown or not reported:	10%

► Improved Patient Access

- Overall, the Ponce EMA has experienced an increase of approximately 15% in the number of clients receiving primary care services in 1997 compared with 1996 (an increase of 950 clients in 1996 to 1,100 in 1997), with a 25% increase estimated in the number of clients receiving AIDS therapies. Support services, including transportation, day care, and outreach, also experienced a 15% increase in utilization in 1997.
- Additional medical specialty services were made available in 1997, including dermatology, infectious disease specialty services within primary care settings, and gynecology services.
- In 1997, a community-based provider, Iniciativa Comunitaria, began offering evening clinics for HIV-infected women twice a week.

► Improved Patient Outcomes

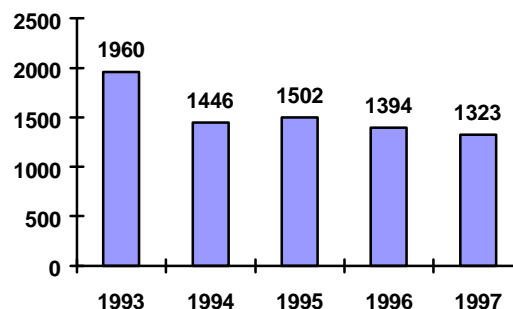
- The Title I program monitors clinical visits related to its provision of transportation services in order to evaluate the extent to which transportation is improving client access to and retention in primary care services.

- Service providers received fewer requests for home health care visits in 1997 as compared to 1996, which the grantee attributed to the improved health care status of clients.
- ▶ **Cost Savings**
- The grantee reported that: 1) the centralized medications program has reduced costs by 40% to 50%, and 2) improved management and record-keeping provided by Title II consortia, has cut the cost of Title I-funded transportation services by 50% or more per visit.
- ▶ **Other Accomplishments**
- The Title I program centralized case management services in 1997 to improve coordination of services and overall uniformity in standards of practice.

Title I: San Juan (Pop. 1,836,302)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

► New AIDS cases by calendar year, 1993-1997



- EMA: Aguas Buenas, Barceloneta, Bayamon, Canovanas, Carolina, Catano, Ceiba, Comerio, Corozal, Dorado, Fajardo, Florida, Guaynabo, Humacao, Juncos, Las Piedras, Loiza, Luquillo, Manati, Morovis, Naguabo, Naranjito, Rio Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, and Yabucoa Municipios
- Estimated number of people living with AIDS at the end of 1997: 4,797
- AIDS Cases (cumulative) since 1993: 7,625 (62% of state cases, 2% of total U.S. cases)

AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	75%	74%	78%
Women (13 years and up):	25%	26%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	0%	0%	33%
African American:	0%	0%	45%
Hispanic:	100%	100%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	17%	16%	35%
Injecting drug user (IDU):	45%	44%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	5%	4%
Heterosexual contact:	30%	31%	13%
Other, unknown or not reported:	2%	2%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$4,987,365	\$5,726,895	\$6,144,077	\$16,858,337
Supplemental	\$1,836,302	\$4,823,950	\$5,514,835	\$12,175,087
Total	\$6,823,667	\$10,550,845	\$11,658,912	\$29,033,424

Allocation of Funds

	1998
Health Care Services	\$4,655,967/40%
Medications	\$4,880,000/42%
Case Management	\$900,000/8%
Support Services	\$580,000/5%
Administration, Planning and Program Support	\$642,945/6%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 42
- ▶ PLWH on planning council: 14 (33%)

Gender of Planning Council Members

Men:	38%
Women:	62%

Race/Ethnicity of Planning Council Members

White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	6,600
Men:	64%
Women:	36%

<13 years old:	6%
13-19 years old:	2%
20+ years old:	92%

White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	14%
Injecting drug user (IDU):	51%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	31%
Other, unknown or not reported:	4%

► Improved Patient Access

- The grantee reported significant changes in the numbers of clients accessing various Title I-funded services in 1997. The number of persons (not unduplicated) in care receiving specific services increased from 40% to more than 300% from 1996 to 1997. The largest increases were for transportation (308%) and primary care (139%). Other increases include: medical specialties (92%); laboratory services (46%); and drug treatment (14%).

- The decrease in utilization of housing services was due largely to the improved coordination between the Title I program and the EMA's Housing Opportunities for People With AIDS (HOPWA) program funded by the Department of Housing and Urban Development (HUD).
- In 1997, Title I funds were used to provide detoxification ambulatory services for the first time.
- ▶ **Improved Patient Outcomes**
- The EMA reduced Title I funding for hospice care services in response to a declining number of service requests received by the program and the results of the needs assessment. The decrease in requests is attributed to improvements in the health status of patients.
- ▶ **Cost Savings**
- During 1997 and 1998 the Title I program improved service coordination with San Juan's HOPWA program. Because the staff at both programs have become familiar with the eligibility criteria and service access points for each program, duplication of services has been minimized or eliminated, resulting in savings for both programs and more effective utilization of funds.
- ▶ **Other Accomplishments**
- The grantee monitors has implemented contract monitoring procedures, and the Title I-funded San Juan AIDS Task Force works with community-based primary health care providers to assist them in preparing for health care reform and the evolving health care system.

Title II: Puerto Rico

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$9,367,181	\$12,920,475	\$16,793,353	\$39,081,009
ADAP (included in Title II grant)	(\$1,685,094)	(\$5,315,209)	(\$9,264,908)	(\$16,265,211)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$12,702,138/76%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$12,702,138)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$2,928,570/17%
Health Care*	(\$1,372,325)
ADAP/Treatment	(\$367,766)
Case Management	(\$571,960)
Support Services**	(\$616,519)
Administration, Planning and Evaluation (Total State/Consortia)	\$1,162,645/7%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 8

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Arecibo Health Region Network/Referral System	Arecibo	Arecibo, Quebradillas, Camuy, Hatillo, Barceloneta, Manati, Vega Baja, Morovis, Ciales, La Florida, Utuado and Lares	\$432,876
Asociacion Puertoriquena de Servicio y Ayuda	Cidra	Caguas, Humacao, Cidra, Aguas Buenas, Cayey, Aibonito, Gurabo, San Lorenzo, Yabucoa, Maunabo, Juncos, Las Peidras and Naguabo	\$419,560
Bayamon Health Region Network/Referral System	Bayamon	Bayamon, Vega Alta, Dorado, Toa Baja, Catano, Toa Alta, Corozal, Naranjito, Comerio, Barranquitas, and Orocovi	\$648,711
Consortio Comunitario de Salud	San Juan	San Juan and Guaynabo	\$663,793
Consortio Inmunologico Metro Este	Loiza	Carolina, Trujillo Alto, Canovanas and Loiza	\$325,113
Consortio Inmunologico del Noreste	Fajardo	Fajardo, Luquillo, Ceiba, Vieques, Culebra and Rio Grande	\$303,320
Consortio Region Sur de Puerto Rico	Ponce	Ponce, Guanica, Yauco, Guayanilla, Adjuntas, Penuclas, Jayuya, Villalba, Juana Diaz, Coamo, Santa Isabel, Salinas, Guayama, Arroyo, and Patillas	\$460,372
Consortio Regional Mayaguez/Aguadilla	Mayaguez	Mayaguez, Aguadilla, Moca, Isabela, San Sebastian, Anasco, Aguada, Rincon, Las Marias, Maicao, Hormiguero, San German, Saban Grande, Lajas, and Cabo Rojo	\$601,350

Accomplishments

Clients Served (duplicated count), FY 1996:	8,690
Men:	65%
Women:	34%
Other, unknown or not reported:	1%

<13 years old:	7%
13-19 years old:	1%
20+ years old:	91%

White:	0%
African American:	0%
Hispanic:	95%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	5%

Men who have sex with men (MSM):	12%
Injecting drug user (IDU):	36%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Heterosexual contact:	39%
Other, unknown or not reported:	13%

► **Improved Patient Access**

- The following new services were added in 1997: nutrition counseling, diagnostic services, and legal services. In addition, an initiative was launched to link HIV-infected prisoners about to be paroled or released to primary medical care, treatment, and support services.
- In February 1998, HRSA approved Puerto Rico's request for carryover of substantial funds from previous years with several special conditions aimed at ensuring that these funds are utilized to expand ADAP access to community-based clinics on the island. In response, the grantee expanded the number of access sites for clients by adding eight additional sites in 1998; clients may now access ADAP services at six consortia sites, two regional health centers, and at Title III-funded clinics.
- The number of clients enrolled in ADAP rose 192% from 1996 (3,768 clients) to 1998 (11,000 clients). Monthly utilization increased 233% between 1996 (945 clients) and 1998 (3,151 clients).
- The ADAP formulary was expanded from 110 drugs in 1996 to 124 in 1998.
- The grantee reported a substantial increase in the amount of ambulatory medical care provided in 1997, with 16,564 medical units of service delivered that year as compared to 5,428 units of medical service in 1996.
- Access to substance abuse treatment services also expanded in 1997, with 1,925 service units provided that year as compared with 313 units of treatment reported in 1996.

► **Cost Savings**

- Prescriptions are dispensed through a network of regional pharmacies administered by the Department of Health, which negotiates wholesalers' discounts and manufacturers' rebates and participates in a cost-recovery program sponsored by manufacturers.

► **Other Accomplishments**

- ADAP established an Advisory Committee early in 1998 with representation from all CARE Act programs, PLWH, and other community projects. This Advisory Committee assists in preparing recommendations on HIV/STD/TB therapeutics to be added to or dropped from the formulary.

AIDS Drug Assistance Program (ADAP): Puerto Rico

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$4,757,929	\$8,638,044	\$12,702,138	\$26,098,111
State Funds	\$3,406,651	\$7,262,008	\$4,713,157	\$15,381,816
Other: Title I	\$0	\$279,452	\$0	\$279,452
Total	\$8,164,580	\$16,179,504	\$17,415,295	\$41,759,379

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 126 drugs, 4 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: Yes
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The program plans to establish an advisory committee, including PLWH as members, to work with the AIDS and Communicable Diseases Program's Pharmacy Committee. The Pharmacy Committee makes recommendations on the ADAP formulary.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	11,000
Number using ADAP each month:	3,151
Percent of clients on protease inhibitors:	40%
Percent of active clients below 200% FPL:	60%

Client Profile, FY 1996

Men:	62%
Women:	35%
Other:	3%

<13 years old:	14%
13-19 years old:	1%
20+ years old:	85%

White:	0%
African American:	0%
Hispanic:	100%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Puerto Rico

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	7	8	7	
Total Title III funding in State	\$3,198,313	\$3,586,615	\$3,581,065	\$10,365,993

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 7 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 14,952
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 2,975
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 746
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 32%
 - ▶ from 200 to 499: 32%
 - ▶ above 500: 22%
 - ▶ unknown: 13%

Accomplishments

Clients served (primary care only), 1996:	2,975
Men:	73%
Women:	27%
<13 years old:	2%
13-19 years old:	1%
20+ years old:	97%

White:	0%
African American:	6%
Hispanic:	94%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	22%
Injecting drug user (IDU):	40%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	32%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	2%

► **Improved Patient Access**

- The Migrant Health Center serves 18 municipalities in western region of Puerto Rico. The grantee provides HIV counseling and testing services to more than 2,500 residents of hard-to-reach, underserved communities. The grantee offers clinics at six locations in the region.
- During FY 1997, 581 persons received HIV counseling and testing through the Gurabo Community Health Center. Of these, 86% returned for post-test counseling.
- During 1996, a total 713 clients received HIV primary care services through Centro de Salud de Lares. This is an increase from 588 cumulative cases in 1994 and 652 in 1995.
- The Migrant Health Center provided HIV counseling to 100% of pregnant women served by the center. Of the clients counseled, none refused testing.

► **Improved Patient Outcomes**

- Early intervention services provided by the Migrant Health Center have reduced the incidence of opportunistic infections and almost no hospitalizations have been reported. For many clients on antiretroviral therapy, CD4 counts have increased and viral loads have been reduced to undetectable levels.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Centro de Salud de Lares	Lares	14 Counties	Community and Migrant (329/330) Health Center
Consejo de Salud de la Comunidad	Ponce	Southern Puerto Rico	Community and Migrant (329/330) Health Center
Gurabo Community Health Center	Gurabo	Gurabo and Caguas	Community and Migrant (329/330) Health Center
Migrant Health Center, W. Reg./Programa SSIMA	Mayaguez	Many Municipalities	Community and Migrant (329/330) Health Center
Municipality of Bayamon	Bayamon	9 Counties	Health Department
Puerto Rico CoNCRA	Rio Piedras	Puerto Rico	Non-329/330/340 Health Center
Ryder Memorial Hospital	Humacao		Hospital/University-based Medical Center

Planning Grants

1997 - Centro De Salud Familiar - Arroyo

Title IV: Puerto Rico

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	2	
Total Title IV Funding	\$499,000	\$540,000	\$900,000	\$1,939,000

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	0%
Women with children:	0%
Adolescents/young adults:	5%
Children:	68%
Infants:	28%
Clients with AIDS/HIV Infection:	83%

Accomplishments

All clients served, 1996:	1,019
Men:	43%
Women:	57%
(Adolescents and adults only)	
<13 years old:	95%
13-19 years old:	5%
20+ years old:	0%

White:	0%
African American:	0%
Hispanic:	82%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	17%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	0%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	1%
Receipt of blood transfusion, blood components, or tissue:	1%
Pediatric Exposure:	79%
Other, unknown or not reported:	18%

► **Improved Patient Access**

- In 1997, more than 42% of newly enrolled clients had first contact with the Puerto Rico Department of Public Health's Title IV program, the Puerto Rico Pediatric AIDS Project, within 24 hours of birth.
- Since 1995, 235 pregnant HIV-infected women have received care and services through the Puerto Rico Pediatric AIDS Project.
- The retention rate of for all Puerto Rico Title IV clients enrolled in clinical research is 97%.

► **Improved Patient Outcomes**

- Since 1995, 256 children have been born to HIV-infected women. As of early 1998, 4% of the infants were determined to be HIV-infected.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Puerto Rico CONCRA (Adolescent)	San Juan	San Juan metropolitan area	Community-based Health Center
Puerto Rico Department of Public Health	San Juan	Puerto Rico	Health Department

AIDS Education and Training Centers: Puerto Rico

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Puerto Rico AETC
- ▶ States Served: Puerto Rico
- ▶ Primary Grantee: University of Puerto Rico, San Juan, PR
- ▶ Subcontractors in State: None

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$532,616	\$386,116	\$529,601	\$1,448,333

Training Highlights from FY 1997

- Eleven training activities about HIV prevention were offered to 521 participants from primary care settings and community-based organizations. These emphasized strategies for reducing HIV infection, particularly among adolescents and young adults. Some of the sessions were co-sponsored by other organizations including: the CDC; the Puerto Rico Department of Health, Project GAMMA (Clinical Trial for Pediatric AIDS); Project PROSSA, a health service project for adolescents; and PROCEED, a national Hispanic organizations.
- Nine activities on the reduction of perinatal transmission of HIV were conducted, reaching 368 participants (mostly physicians). The two-hour sessions are aggressively promoted, including the use of advertisements in newspapers, to attract physicians who have many competing time commitments.
- The AETC assisted the Title I grantees in the State in the design and development of their Annual Conference. Over 200 participants, including care providers and people living with HIV attended. Topics included alternative therapies and complementary therapies in HIV/AIDS care.
- Changes in the health care environment in Puerto Rico have made it increasingly difficult to conduct trainings during work hours. To attract health care providers, the AETC conducts trainings in the evenings or on weekends and has sought sponsorship so that the trainings can be held in a hotel or restaurant, food is served, and continuing education fees are covered.

- The AETC produces a newsletter titled “VIH/SIDA al DIA.” The newsletter is distributed to primary care providers, health professionals, HIV case managers, and other non-health professionals that offer direct service to persons with HIV/AIDS.

HIV/AIDS Dental Reimbursement Program: Puerto Rico

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	0	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$22,823	\$10,493	\$0	\$33,316

Accomplishments

Est. clients served, 1996:	221
Men:	51%
Women:	49%
<13 years old:	6%
13-19 years old:	1%
20+ years old:	93%